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DR. MARSHALL HALL ON PHTHISIS.

HAVING described the *acute* and the *chronic* diseases of the lungs, I now proceed to treat of that sad and calamitous disease which is so generally characterized by its *insidious* character, viz., Phthisis.

I have already, in treating of *tubercle*,* laid before you that part of the manuscript confided to me by M. Louis, which treats of the *morbid anatomy*; I shall on the present occasion have to introduce to you M. Louis's observations relative to the *symptoms* and *diagnosis* of this disease.

I must take this opportunity of repeating to you my unbounded admiration of M. Louis's labors. I regard him as, without exception, and without comparison, the first physician of this or any age, and of any nation. His character I may designate as truly English, in the best sense of that word, and as *very* unlike that of certain editors of certain journals. M. Louis is *a lover of truth*. He is conscientious, nay, scrupulous, in all that he does. His cases may claim your most implicit confidence, as being taken with the strictest attention to correctness, and his deductions and statements, as being made with the strictest attention to accuracy and truth. His *method* is *the basis* upon which the science of medicine must henceforth be founded; to observe, to collect facts; to analyse, to compare these facts, and to deduce from them numerical results—such is M. Louis's system. But then who can observe as M. Louis observes, who can analyse as he analyses? The unwearied industry, the unexampled care and caution of this extraordinary man, may serve us as models for our imitation, however, whilst we freely confess that we despair of doing more.

I shall begin the subject by my usual brief detail of the *causes*, *symptoms*, *diagnosis* and *treatment*, and I shall then subjoin M. Louis's remarks.

I.—ULCERATION OF THE LARYNX, &c.

1. *The History.*—This affection is of the most insidious character, and generally occurs without any obvious external cause.

2. *The Symptoms* of ulceration of the larynx are hoarseness and hoarse cough, with the expectoration of mixed, limpid and puriform mucus, frequently dotted or streaked with blood. The hoarseness,

* See the first Nos. of this Vol. of the Journal.

cough and expectoration augment. Difficulty or imperfection in swallowing is added to the other symptoms; the patient frequently becomes choked in the act of deglutition, or the food is propelled through the nostrils.

Hectic and emaciation eventually take place, frequently with all the symptoms of phthisis.

3. The most important *diagnosis* in practice is that between ulceration and chronic inflammation of the larynx; the former is always *tuberculous*, or syphilitic; in ulceration there are loss of voice, hoarseness, hoarse cough, imperfect deglutition, frequent pulse, *hectic;* in inflammation, a sense of constriction, croupy cough, attacks of dyspnœa, &c.

4. *The Morbid Anatomy* combines ulcerative destruction of some parts of the larynx, with tubercles of the lungs, and frequently of other organs.

II.—Tubercles.

1. *The History.*—Phthisis is usually very insidious, slow and gradual in its progress and termination. In other instances its commencement and progress are more rapid, and its termination may be sudden and unexpected in any period of its course. The exciting causes are sometimes undetected; in other instances exposure to cold, the debility left by some acute disease, by mercury, &c., are its obvious causes. Phthisis is distinctly an hereditary or family disease; it is also an effect of scanty or impure nourishment.

2. *The Symptoms.*—The general symptoms of tuberculous diseases have been already fully detailed, and the local symptoms of phthisis. To the account there given I may add, that a slight cough, a slight shortness of breath on moving quickly or ascending the stairs—an expectoration with a *dot* or a *streak* of blood—a little appearance of pallor, or thinness—a pulse of 90 when the patient is asleep, or at least quiet in bed, are, with hereditary predisposition, a glandular enlargement, &c., amongst the first symptoms of this insidious disease, any one of which should *excite* our immediate attention, if not our alarm.

The Local Signs vary with the stage and state of the pulmonary disease. This may subsist in the following forms:—

a. Tubercles.—1, crude; 2, softened.

b. Excavation.—1, small; 2, large; 3, superficial; 4, deep-seated; 5, bursting into (1) the bronchia, (2) the pleura.

1. In accumulations of the crude tubercles, there is occasionally a perceptible diminution of sound on percussion, and diffuse bronchophony, especially immediately under the clavicle and in the axilla, and especially on the right side.

2. As the tubercles soften a gurgling is heard, a mucous rattle is gradually established, and the cough becomes cavernous.

As a cavity forms, and becomes emptied, the respiration and rattle become cavernous, and the bronchophony passes into pectoriloquy, at first imperfect, and then more evident; and the sound of the chest may sometimes, though but rarely, become clearer. Pectoriloquy is a most distinct diagnostic; it may be perfect, imperfect, or doubtful, intermit-

ting or permanent. When the cavity is superficial, there is sometimes the sound of cracked porcelain—the "bruit de pot fêlé."

When the cavity is extremely large there is no pectoriloquy; but the voice, cough and respiration are attended by the amphoric resonance, and sometimes there is the metallic tinkling.

When the cavity suddenly bursts into the bronchia, there is the sudden expectoration of a large quantity of puriform fluid; when it bursts into the cavity of the pleura, there is frequently sudden, acute pleuritis, and, more remotely, pneumo-thorax.

3. *The Complications* of phthisis present a most interesting subject for enumeration; they may be divided into several classes. The *first* is nearly peculiar to phthisis, and embraces—

1, ulcerations of the epiglottis, the larynx and the trachea; 2, ulcerations of the clustered and solitary glands of the ileum and colon; 3, the fatty enlargement of the liver.

The *second* class consists of lesions which are only extremely frequent, and not peculiar to phthisis; they are—

1, pleuritis; 2, pneumonia.

There is a *third* class of complications of phthisis, less frequent; this consistsof—

1, inflammation of the arachnoid, or of the substance of the brain, with effusion or softening; 2, inflammation and softening of the mucous membrane of the stomach, or colon.

The *fourth* consists of—

1, tuberculous inflammation of the pleura, peritoneum, &c.; 2, tuberculous inflammation of the lymphatic glands, especially the mesenteric, those of the neck, &c.

The *fifth* class consists of—

Serous effusions into—1, the ventricles; 2, the pleura; 3, the pericardium; 4, the peritoneum.

To complete the view of this subject, it is necessary to add that the heart is sometimes softened, and that the aorta is found red in the young, and more deeply altered in older subjects.

This list of the complications will enable the young physician to anticipate, and to obviate lesions which may, even amidst a disease almost always fatal in itself, fearfully tend to shorten the patient's few remaining days.

Here I introduce

M. LOUIS'S MANUSCRIPT.

(*Continued from Medical Journal, page* 57.)

"Of 114 patients affected with phthisis, in whom the duration of the malady had been ascertained as exactly as possible, a little more than one fifth died between the first and the sixth month of the affection; two sixths between the sixth and the twelfth month; a little less than one fourth between the termination of the first and second years, and a little less than one fifth between the second and the twentieth.

"The age of the patient does not appear to have any influence on the course of the disease, except, indeed, in the cases of acute phthisis;

but the influence of the sex appears indubitable, a somewhat greater number of females than of males dying within the first year.

"The violence and frequency of the pulse are generally proportionate to the rapidity with which the disease proceeds.

"The transition from the state of crudity of the tubercles to that of their softening and their expectoration, is denoted by a remarkable change in the appearance of the sputa. From being mucous and more or less frothy, they become opaque, greenish, free from air-bubbles, and striated with yellow lines, in greater or less number. These lines, and the fragments of whitish matter ('grumeaux') which accompany them, disappear after a time. The sputa then become homogeneous, and assume a round form, and are heavy and more or less consistent, and yet do not always sink in water; then fifteen or twenty days before death, but sometimes only four or five, the sputa assume a grayish and dirty aspect, similar to that found in old tubercular excavations, are sometimes mixed with blood, and form a sort of puriform matter.

"These characters of the expectoration were observed in all the patients submitted to my observation except three, in whom the sputa were constantly mucous, frothy, whitish, or very slightly yellow or gray, semi-transparent, without having ever assumed the form of distinct portions.

"In the first period of the disease, when the sputa were mucous and frothy, and when there was neither gurgling nor pectoriloquy, in a word no excavation, they could only proceed from the bronchia; later in the disease they were at once formed of the bronchial secretion and of the matter contained in the cavities. The alteration in their character announces, with gurgling and pectoriloquy, the softening of the tubercles, and their communication with the bronchia. The violent inflammation of the bronchial membrane at this period of the disease, also contributes, with the secretion of the parietes of the cavities, to the change in the expectoration, rendering it opaque, greenish and grayish.

"*Hæmoptysis* took place, in a greater or less degree, in two thirds of the patients, or in 57 cases out of 87; 25 cases out of the 57 had hæmoptysy in a violent form. In its severe, or less severe degree, this symptom sometimes precedes the cough and the expectoration a more or less considerable time; 12 of the 57 cases, or about one fifth, presented this phenomenon.

"Severe hæmoptysis is rare in the last days of the disease, so that I have only observed it four times in this period.

"The hæmoptysis, especially the severe form of it, which precedes the cough, must be considered not as preceding, but as denoting the existence of tubercles; for, with very rare exceptions, violent hæmoptysis is peculiar to the tuberculous subject. The hæmoptysis which precedes the other symptoms of phthisis, is sometimes accompanied by dyspnœa; they take place suddenly, in the midst of apparent health, and without assignable cause.

"Hæmoptysis is more frequent in the female than in the male sex, in the proportion of 3 to 2. The relation of age to hæmoptysis is not the same in the two sexes; it was absent in the third part of the female patients between the ages of 19 and 20; and in the seventh part only

of those between 40 and 65—an event the reverse of that which would have existed if this symptom had been, according to the opinion of some physicians, vicarious of the catamenia. In the men this symptom was equally frequent before and after the age of 40.

"Age seems to be without influence in reference to the degree of the hæmoptysis.

"Hæmoptysis rarely recurs three or four or more times in the course of the disease.

"The *dyspnœa* pursues the course of the original disease, and is rarely excessive, so that I have only seen three patients who were compelled to have their head or their chest raised.

"*Pain* existed in a variable degree and locality in a majority of the cases, so that 22 only out of 110 were entirely without it. This pain, in the greatest number of cases, was proportioned to the adhesions between the pleuræ, and generally to the number and size of the cavities. This pain has generally the character of that in pleuritis.

"*Fever* began with the first symptoms in one fifth of the cases in which it was presumable that the lungs were the sole seat of disease. One sixth of the cases were without *rigor*, being only attended with an unusual sensitiveness to cold. In another sixth, rigors returned every evening, rarely at any other hour. If they are sufficiently severe to require quinine, they recur, sooner or later, after having been suspended. *Perspirations* were absent in one tenth of the cases in which there were rigors, occur sometimes without rigors, and almost always in the night and during sleep. They coincide generally with diarrhœa, which is sometimes also very severe. These two symptoms are not, either in phthisis or in other diseases, in an inverse proportion to each other, as some physicians have alleged.

"*Diarrhœa* is so common that it was absent only 5 times in 112 cases; in one eighth part of the patients it began with the disease, and continued till death—a space from 5 to 12 months. In the greater number of cases it begins in the second stage of the disease; and in one fourth, from 5 to 20 days before death. In these last cases the ulcerations are almost always small, and the mucous membrane of the large intestine soft as mucus, and almost always red—a sign of recent and intense inflammation.

"Diarrhœa, long continued, may be incessant or remittent; the *latter* form may continue from six weeks to fifteen months, and is accompanied by the same lesions as that which supervenes in the last days of the disease; the *former* may continue from one to twelve months various in degree, and occurs in one third of the number of cases, and is accompanied by numerous and extensive ulcerations.

"When the ulcerations are confined to the ileum, the diarrhœa is not less continuous or of shorter duration—a proof that it is not the exclusive effect of lesions of the large intestine. But these last are probably the chief cause of the diarrhœa of the last days of the disease, for the mucous membrane of the large intestine is much more frequently softened, red and thickened, than that of the ileum.

"When the ulcerations of the large intestines are considerable, and

situated near the anus, the alvine evacuations are extremely frequent, mucous, bloody, and commonly involuntary.

"The emaciation begins, in one half the cases, with the first symptoms of the disease, whether this be acute or slow in its course, which may be of five months or of three years. In the third part of the cases it only begins with the fever. It cannot be attributed, in its commencement, either to the fever, or to the diarrhœa, or to an appreciable lesion of the mucous membrane of the stomach.

"The *pneumonia* which supervenes in the last period of phthisis, pursues a rapid course and may greatly hasten the fatal termination. It is not so when it manifests itself earlier in the disease, and whilst the patients pursue their employment, and are not much thinner; it is then frequently cured, even though there may be tuberculous cavities. We cannot say this of the more or less severe pleurisy which shows itself in the course of phthisis; I have not seen it cured, except in one instance, even when it began before the tubercles were softened.

"The symptoms which denote *ulcerations of the epiglottis* are, a pain at the upper part of the thyroid cartilage, difficulty in deglutition, and the escape of fluids through the nose, the pharynx and the tonsils being free from disease. These symptoms do not occur in ulcerations of the larynx, when the epiglottis is unaffected.

"Whatever may be the seat, the extent and depth of the ulcerations of the larynx, the symptoms only differ in degree and duration. A superficial ulceration is denoted by slight pain in the part, with a greater or less alteration of the voice, whilst deep ulcerations are attended by continued and acute pain, and aphonia.

"However numerous and deep may be the ulcerations of the trachea, they do not induce any local or characteristic symptom. One patient only, in whom the mucous membrane of the trachea was destroyed in all its muscular portion, experienced, one month before death, a sense of obstruction under the upper part of the sternum, to which was afterwards added a sense of heat.

"The lesions of the mucous membrane of the *stomach* are denoted by peculiar symptoms. When it is softened and attenuated, loss of appetite, nausea, bilious vomiting and pain at the epigastrium, are almost always present, generally long before death. When it is inflamed at the anterior part of the stomach only, the symptoms are less in degree, number and duration; there are anorexia and nausea, slight pain at the epigastrium, and, in one case in four, vomiting. The same symptoms take place in the case of large, but single ulceration, or of small and numerous ones. When the inflammation is confined to the great curvature, there is no vomiting, and the nausea and pain at the epigastrium are rare; the disease probably taking place in the last days or hours of the patient's life. No symptom denotes with certainty the mammelated state of the mucous membrane of the stomach, when it takes place very slowly, in which case the membrane is of a slate and gray color.

"When, in the course of phthisis, vomiting is the mere effect of the cough, there is no epigastric pain, nausea and anorexia, and it is usually

observed early in the disease; the symptoms of disease of the stomach, like this disease itself, occur at a later period.

"There is no distinct relation between the state of the *tongue*, and that of the mucous membrane of the stomach in the course of phthisis. If the tongue is sometimes red and thickened when this membrane is inflamed, the contrary is still more frequently observed; and, on the other hand, the tongue is frequently dry, hard, and very red, when the mucous membrane of the stomach is perfectly natural. In fact, whenever there is fever the whole system participates in the affection more or less; the appetite is lost, the skin hot, moist, and frequently injected, the secretions morbid, &c. Why should the tongue remain unaffected?

"The catamenia cease at a more or less advanced period of the disease, after irregularity as to quantity and return. When phthisis continues less than a year the suppression takes place about the middle of its course; but if it continues from one to three years, this event takes place in the last third of this time. When phthisis has a slow course it is difficult to assign the cause of the suppression, but in other cases that cause is probably the fever, with the development of which it coincides. The catamenia are sometimes, though rarely, regular till the last month of life, and pregnancy may take place and proceed regularly. It has not been positively ascertained that pregnancy retards the fatal termination.

"Of 123 cases of phthisis, 8 were examples of latent tubercles, that is, anterior to the cough, during from six months to two years. This proportion, though considerable, is, however, less than the reality, if, as we believe, the violent hæmoptysis which precedes the cough and expectoration, is the effect and not the forerunner of the tubercles; besides, that tubercles should exist for a more or less considerable length of time without symptoms is not extraordinary, for inflammation of parenchymatous organs, or of the serous membranes, or even when they assume an acute form, ramollissement of the brain, &c., may exist in this manner. But what is very remarkable is the violence of the symptoms connected with certain organs, as the digestive, in some of these cases of latent phthisis, so that the organ apparently the most affected is, in reality, the most free from the disease.

"It is impossible, in the actual state of the science, to appreciate the causes which thus mask pulmonary tubercles. These causes cannot be a defective sensibility or susceptibility of the lungs, since six eighths of the subjects were females, half of whom had experienced, previously to the cough, an intense fever; and the general symptoms imply as much susceptibility of the general system as the local. Nor can we explain the fact in question by the existence of complications; for in most of the cases the disease existed in the simplest form.

"Phthisis sometimes assumes an *acute* character. This was the case in four out of one hundred and twenty patients. General or local symptoms of greater or less intensity proved fatal in from thirty to fifty days. Such an event is to be feared when the patients have been taken suddenly, without assignable cause, with dyspnœa, cough, expectoration, and fever, and sometimes pain of the chest, the respiration being

quickened—when, after a certain time, these symptoms become aggravated, in spite of appropriate remedies—and when there is no symptom of pneumonia, pleurisy, or suffocative catarrh; and if there be at the same time an obscure sound on percussion, under the clavicles exclusively, with a feeble or impaired respiration in the same points, the existence of this disease may be considered as indubitable. This rapidity of the course of phthisis does not prevent the development of the secondary affections so common in its acute form, so that in the few cases which I have seen, I found ulcerations of the mucous membranes, of the epiglottis, the trachea, the œsophagus and of the ileum, softening and attenuation of the mucous membrane of the stomach, the fatty state of the liver, tubercles in the lymphatic glands of the neck, and in the glands of the mesentery, &c.

"*Perforation of the pleura* is announced by pain, generally severe, in one side of the thorax, by dyspnœa, almost always extreme, and by inexpressible anxiety; and then by all the symptoms of acute pleurisy. These symptoms continue in the same degree, or with remissions, until death, which supervenes from 1 to 40 days, or sometimes more, after the perforation. These symptoms might have been anticipated *à priori*, or from their similitude to those which accompany perforation of the intestines, from analogy. In both cases, in fact, there is in the moment of perforation, effusion of an irritating fluid on a serous membrane, with the natural consequences of such an event, leading equally naturally to the diagnosis. Suffocation, dyspnœa, and anxiety, supervening in a sudden manner might, even without pain, lead to the suspicion of perforation of the pleura. But the diagnosis acquires a still higher degree of certainty from the comparative results of auscultation and percussion. If, shortly after the commencement of the pain, oppression and anxiety, we try percussion, we obtain a clear sound; while on auscultation we find respiration absent, or altered, and assuming the character designated *amphoric*. When the ordinary symptoms of perforation are absent, as appears to have been the case in the instances observed by Laennec, it is only by auscultation and percussion, practised with general views, that the diagnosis is effected. In one case, at the moment of the occurrence of pain, or even a little before, and also afterwards, the patient had the sensation of the escape of air into the cavity of the thorax.

"If it is usual to find but one perforation of the same lung, it is right to observe that in several cases a number of yellow and white spots have been observed upon the surface of the lung, the result of softened tubercles underneath. Without the adhesions which usually unite the two pleuræ, perforation would not always be single, and would assuredly be more frequent.

"Not only do many of the lesions in other organs *accelerate* the death of phthisical patients, but there are cases in which death takes place unexpectedly; it is sudden; and it arises under two circumstances—either some new lesion has taken place and remained latent, but proved the cause of death, or no such lesion can be discovered. Two of the former and two of the latter of these cases have occurred to me;

and, lastly, two others, in which there was a general softening of the brain, apparently of long duration."

4. *The Morbid Anatomy* of phthisis consists in the different forms and conditions of tubercles; of the cavities left by their softening and expectoration; and of the adjacent portions of the lung and pleura.

5. *The Treatment* of tubercle in general has been sketched already.

Every means which gives health and tone to the general system; a mild meat diet; a regulated state of the bowels; sponging with salt water; ample clothing, and then a free exposure to the open air, the sea breezes, &c.; early hours; cheerful society; travelling; sea-voyages; a warmer, serener climate, &c., are amongst the most important measures to be adopted early in this disease.

Such mild measures as induce counter-irritation over the chest, as a sharp liniment; cupping or leeches if there should be pleuritic pain; a small blister if there should be dyspnœa; an alcoholic lotion composed of one ounce of alcohol and three, four, or five, of rose water, if there should be hæmorrhage—are important auxiliary topical remedies.

Opiates for cough or diarrhœa; the dilute sulphuric acid for profuse perspiration; the sulphate of quinine for chilliness; are other remedies to which we must frequently have recourse in the late stages of the disease.

The inhalation of chlorine, the administration of iodine, have been much used recently. I have never seen any advantage from them.

CASE OF EMBRYOTOMY.

BY JAMES N. B. DOILSON, M.D., OF WAYNESVILLE, MO.

On the 23rd of October, 1837, we were summoned to visit Mrs. ——, aged 30, in her ninth month of pregnancy, said to be in labor. We were informed by her that she carried out of her house, on the 20th, a heavy table with one edge resting against her abdomen, soon after which she felt some light bearing-down pains, which in a short time ceased; that on the 21st, one of her brothers, who had been absent for some time, rode up unexpectedly, which threw her, as she expressed it, into a fit of joy, and she was immediately taken violently in labor. Her mother-in-law was a midwife, and had the management of the case until the evening of the 22d, when the right arm presented, and was delivered. Much embarrassment being now felt by the old lady, another midwife was sent for, who arrived at midnight, and more prudently advised the call of a physician. We arrived at 10, A. M. Found her pulse 120 in a minute, tongue covered with a dark, brown fur; considerable thirst; nausea, and occasionally vomiting of a dark, grumous matter, resembling coffee grounds; restlessness; costiveness. On a manual examination, the arm was found much swollen and blistered; the external parts of generation hot, dry and tender; and the fœtus so firmly wedged in the pelvis by the firm contractions of the uterus, that its cavity could not be gained with the hand. Although the mother de-

clared she felt distinctly the motions of the fœtus on the evening of the 22d, and the midwife gave it as her opinion that it was alive at that time, yet the appearance of the arm was sufficient evidence of natural decay. With the view of enabling us to turn, she was bled to sixteen ounces, given two grains opium, and put in a warm bath. After waiting two hours, turning was still found to be impossible. Her sufferings being great, and having no hopes of delivery by spontaneous evolution, we determined to deliver by the use of instruments. The arm was taken off at the shoulder joint, and the scapula of the right side removed with the scalpel; the thorax was perforated, and the entire ribs of the right side taken out, one by one, with the hand—their cartilaginous ends being previously divided with a small pair of curved scissors. The thoracic and abdominal viscera were now removed; back bone brought down and divided between the last dorsal and first lumbar vertebræ, which enabled the divided ends of the bones to slide beyond each other, greatly diminishing the bulk in the uterus. The left arm was then brought down, and the delivery effected with the head resting in the chest. I waited an hour for the coming on of pains to expel the placenta. None occurring, light tractions of the cord and abdominal frictions were employed. These having failed, I ordered thirty grains secale cornutum. Waited half an hour; it had no effect. Ordered thirty grains more, which also failed. Ordered a dose of ol. ricini, and had her put to bed. She rested well, slept soundly, and remained easy until the 24th at 10, A. M., when regular pains came on, and she, with little assistance, was safely delivered. Left three doses Cooke's pills, one to be taken each night, and assisted, if necessary, with ol. ricini. A proper course in all other respects enjoined.

28th, 11, P. M. Has had three chills and fevers—two to-day and one yesterday. Found her in a fine perspiration, and was informed she sweat freely after each of the other fevers began to decline. No unusual soreness of the abdomen, but soreness of the extremities, and aching in the bones; tongue not so foul as when I left her; medicines had operated well. Believing it to be miasmatic in its origin, and called into active existence by parturition, the pills were again ordered; five grains sulphate quinine given, which appeared to reduce the pulse and produce quietude. Ordered five grains more at the end of an hour, and five more at 6 in the morning. This course to be continued daily.

Nov. 7th. Discontinued the use of the medicines on the 30th, on account of their disagreeable taste. Fever had been broken, but had returned; and the lochia, which was before dark, was now white, lumpy and too abundant. Ordered the same prescriptions in the form of bolus.

13th. Was convalescent. Her fever left her again on the 8th. Ordered open bowels and proper regimen to avoid a relapse. She, however, relapsed, and, on the 13th of December, died without our further attendance, our business having called us out of the country during the time.

The child was large, well proportioned, and presented a surface thickly beset with large, beautiful white blisters, which were well defined.

Never having delivered with the instruments, and in the way usually

recommended in such untoward cases, I am, from experience, unable to say anything of its utility, but from the ease and facility with which I operated in the present case with the scalpel and curved scissors, I am induced to regard it as a safe operation when performed by skilful hands. Without saying more, I leave the comparative merits of these operations for subsequent experience to decide.—*Transylvania Med. Journal.*

THE LATE DR. EBERLE.

Died, in Lexington, Ky., on the 2nd day of February, 1838, John Eberle, M.D., Professor of the Theory and Practice of Medicine in Transylvania University.

Dr. Eberle was a native of Lancaster county, Pennsylvania, and was a little over 50 years of age at the time of his decease. Born and educated among the Germans of Lancaster, he retained the peculiar accent and idiom of that people to the day of his death, as also their habits of industry and perseverance in favorite pursuits. At an early period of his history, Dr. E. was deeply involved in politics, and for some time conducted a German political paper. Prior to his removal to Philadelphia, which occurred about the year 1818, he published several interesting papers in the New York Medical Repository and other journals. Shortly after his settlement in Philadelphia, he became the Editor of the *American Medical Recorder*, known throughout the country as one of our ablest periodicals. In 1822, his work on *Therapeutics and Materia Medica* first appeared, after having encountered many obstacles, that for a time seemed to preclude its publication. The author assured the writer of this notice that he failed, in all his attempts, to procure a publisher who would give him anything for the copy-right, until the person who finally became its proprietor, offered two hundred and fifty dollars for the work. Being the first book of the author, he accepted the offer, in the hope of being more successful in his subsequent undertakings.

In 1824, on the establishment of Jefferson Medical College, Dr. E. was constituted one of its Faculty, and continued in the school until his removal to Cincinnati, in 1831. While in Jefferson he taught the Theory and Practice, Materia Medica and Obstetrics, at different periods, and was also engaged as Editor of the *American Medical Review*, a journal devoted especially to the interests of that school. While in the Jefferson Faculty he published the first edition of his work on the *Practice*, which it is well known has passed through several editions, and, unlike its predecessor, yielded a handsome compensation to the author.

In 1831 Dr. Eberle was invited (in connection with Drs. Thomas D. Mitchell and George McClellan) by Dr. Drake, to unite in the formation of a new medical school at Cincinnati. In the winter of 1831–2, the deceased gave his first course of lectures in the West, as Professor of Materia Medica and Medical Botany, in the Medical College of Ohio, in which school he remained until the fall of 1837, when he became

connected with the Medical Department of Transylvania. While in Cincinnati he prepared his work on the *Diseases of Children*, for which the publishers gave him a fair compensation, and it is understood that he was engaged a year ago in getting ready for the press, a *System of Midwifery*. That he was importuned, by his publishers in Ohio, to prepare such a work, is known to the writer of this notice.

In addition to the publications of Dr. E., above named, there were some others of less magnitude. Among these, we name a small work of a botanical character, for young students; and it may be noticed here, that botany was a favorite study with the deceased.

Dr. Eberle was not fond of the practice of his profession, or he might have become rich in its pursuit. He was devoted, especially, to books; and as a journalist, he has not, perhaps, been equalled in the United States of America. In his deportment he was plain, unassuming, unostentatious; and his whole aspect was indicative of one who had long been a companion of the midnight lamp. Few there are in our profession, whose labors have given them such extensive celebrity as fell to the lot of Professor Eberle. His Practice of Physic is in almost every medical library in the West, and has been noticed with high commendation by foreign journalists. His death has left a chasm in the profession, and especially in the School of the West, that is greatly lamented. We are assured, however, that in respect of the latter, no pains will be spared to compensate for the loss, and that the Trustees will do all that can be done to place the School in the most commanding attitude. —*Ibid.*

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BOSTON, JULY 25, 1838.

TOMBS.

In the remarks of last week, upon the construction of tombs in the South Burying Ground, we were under a mistake in supposing that they were built with reference to the escape of mephitic air. We are assured that the inner door, of wood, is completely secured by lime mortar, which effectually prevents the escape of noxious effluvia; and that the outer door is of cast iron, closely fitted to the stone frame. But the drain, leading from the yard, which conveys the water to a distance, into the ocean, may be regarded in the light of a new and important improvement.

Medical Society of the City of New York.—After much preparation by two distinct parties, with reference to the election of favorite candidates, on Monday, July 9th, the anniversary, Dr. Francis U. Johnson was elected President, with 101 votes. Dr. John W. Francis, the other candidate, had between 94 and 97. Dr. Wm. W. Minor, Vice President, 105 votes, Dr. John Stearns having a less number. We cannot understand precisely the character of the *Kappa Lambda* association,

about which so much has been said. If there is a secretly operating society of physicians in the City of New York, always on the alert to elevate its associates to all the offices of distinction and profit, to the exclusion of all other practitioners in the city, it would be gratifying to know more of the particulars of the organization of such a powerful clan.

Rhode Island Medical Society.—This Society held its annual meeting at the State House, in Providence, on the 27th ult.

The Fiske Fund Trustees announced the award of but one premium, on the questions by them proposed to the members for the year 1837–38. This was taken by Jacob Fuller, M.D., of Providence.

An interesting address was delivered by Dr. Usher Parsons, President of the Society.

Drs. Cornelius S. Cartee, of Providence; William Grosvenor, of do.; Hiram Bucklin, of Smithfield; Nelson M. Perrin, of do.; Charles F. Manchester, of Providence; Otis Bullock, of Warren; Joseph B. F. Fuller, of North Providence; John P. Fuller, of Providence; James Miller, of North Providence; James H. Eldridge, of East Greenwich; Samuel Mowry, of Gloucester; H. B. Walcott, of Cumberland, and Ephraim Knapp, of do., were, on recommendation of the Board of Censors, unanimously elected Fellows.

Thomas Miner, M.D., of Middletown, Conn., Ex-President of the Connecticut Medical Society, and George C. Shattuck, M.D., of Boston, President of the Massachusetts Medical Society, were unanimously elected honorary members.

University of the City of New York.—Dr. Alfred C. Post, of New York, has received the appointment of Professor of Clinical Surgery, and Dr. Nathan R. Smith, of Baltimore, the chair of Surgery, in the Medical Department of the University. It is said that the course of medical instruction will not commence till a year from next November.

Summer Diseases.—Besides frequent deaths in New York, by drinking cold water, when the body was greatly heated, the cholera morbus and some other maladies which almost invariably make their appearance in cities where fruits are eaten excessively, are spoken of as the cause of many deaths. Boston is remarkably healthy—there being no prevailing disease amongst us. Cincinnati and other cities of the West, and even South, are equally blessed thus far.

Soda Water.—Excellent and refreshing as it is, an excessive use of it is very pernicious to the functions of the stomach. Those who habitually take several glasses a day—who cannot deny themselves whenever they are in sight of a shop—may rely upon having an impaired appetite, a weakened digestion and disturbed slumbers. One important objection to a very free use of soda water, is its impregnation by copper, held in solution. A perceptible taste of this metal is a peculiarity of some of the fountains, owing to the abrasion of the coat of tin, with which the tanks are lined. The sulphate of copper is prescribed as an active emetic—and in minute doses, as when taken from an imperfectly tinned copper holder, must certainly have a deleterious effect on the di-

gestive apparatus. Those, therefore, who are the most potent soda drinkers, run considerable hazard. More cold water, and less soda, at this debilitating season of the year, would be more conducive to health. The numerous compound mixtures on sale, in hot weather, are far from being blessings to us.

Codman's Cupping Instrument.—When the inventor, a few months since, exhibited a specimen of this instrument, which was really meritorious, and truly what it purported to be—a substitute, to a considerable extent, for leeches—he gave us to understand that the profession could be accommodated with them, at an economical price. But it grieves us to say that, as nearly as can be ascertained, the one then seen was the only one manufactured; or if more have been fabricated, no one has been able to ascertain where they are to be had. If Mr. Phelps, the truss maker, in Court street, could be allowed the use of a pattern, the market would soon be supplied. Many an estate, says Poor Richard, "is lost in the getting."

Sarlandiere's Anatomy.—After advising our friends, particularly those who are ambitious to procure first-rate anatomical engravings, to purchase this beautiful series, while they may be had, we expressly desire that a copy belonging to us, borrowed by a gentleman more than six months ago, may be returned. Also an English work on Modern Dentistry. As the latter was loaned to the office, and the owner now calls for it, and we cannot recollect who had it, its restoration would confer a special favor.

People's Doctor.—This pamphlet was probably fitted to a particular meridian, and, therefore, well calculated to show the people how they were imposed upon by knaves. Its wit is amusing, and the raciness of the author is appreciated here, though no special application could be made of the arguments to the advantage of the bequacked ignoramuses of New England. They require altogether different logic, interspersed with cogent facts. A reprint of a venerable recipe for witchcraft from old Salmon, is just as good as any modern preparation—"R. Regulas of arsenic, ℥i.; St. Peter's wort, fresh, ℥iv.; filings of a horse's hoof, ℥iss.; scrapings of a mummy's head, ℥s.; calx of fine silver, grs. x.; inchanter's night shade, handful. Boil the whole in spt. nit. dulcis, 1 lb. over a steam bath, full twenty-eight days, and decant off the clear tincture. To cure, put a little on the skin of the witch."

Plague.—Late intelligence from Smyrna, announces the appearance of the plague in the islands of Samos, Colymnas and Stanchio. Severe sanitory measures having been enforced at Scala Novo, which were considered too oppressive, or unnecessarily severe, led to considerable commotion. The women seem to have been most active in the popular movement, and finally succeeded in driving the cordon sanitaire gentlemen to Sokiah, a respectable distance from the habitation of these modern Amazons. After all, it seems that there was more alarm than disease—the mortality being exaggerated.

Animal Magnetism.—Sir William Molesworth has recently presented a donation of thirty guineas to University College Hospital, London, accompanied by a letter, in whicl he expresses his sense of the "pleasure and instruction which he obtained in witnessing the experiments of Dr. Elliotson in Mesmerism," and his confidence that the "researches now being made by Dr. E. will add considerable to our knowledge of the phenomena of nature, extend the bounds of science, and afford explanation of numerous facts, previously inexplicable."—*London Lancet.*

Medical Miscellany.—Dr. Nathan R. Smith, of Baltimore, has been elected professor of theory and practice of medicine in the Transylvania University, in place of the late Dr. Eberle, but his acceptance of the chair has not yet been announced. In another paragraph it will be seen that the same gentleman has been chosen professor of surgery in the New York University. But as the latter school will not commence teaching till one year from next November, it is not improbable that he may go to Kentucky.—Twelve young gentlemen, having completed their medical studies, in Philadelphia, were admitted to degrees, on the 13th, at the University of Pennsylvania.—Dr. C. W. Short was recently elected professor of materia medica in the Louisville Medical Institute. The appointment seems to give the friends of the school peculiar satisfaction.—Died, recently, in London, Dr. Edward Harrison, aged 72, who built up an infirmary for spinal affections, and endowed it with a gift of one thousand pounds, and, at his death, bequeathed it three thousand more. He left one hundred pounds to the University College Hospital, and one hundred each to two other country institutions; also, one hundred to be awarded for medical essays.—During the two years since the commencement of the Ophthalmic Hospital of Canton, 4575 Chinese patients have been received. The expenses of the last year were $1692.—By the recent bequest of Mr. Birch, of Philadelphia, the institution for the education of the blind, in that city, is enabled to accommodate about three hundred pupils.—An infirmary has been established in connection with the medical department of the University of Virginia.—A malignant fever has been prevailing at St. Pierre Migneton, near Quebec, so very fatal, that it was thought by the people, for a while, to be the cholera. About eighty persons had died at the last accounts.—A great number of rabid animals, as dogs, cows, &c., have been killed in various parts of the United States, the present season.—The salary of the physician of the State Prison in Rhode Island is *twenty-five dollars* per annum!—too contemptibly mean for any man of common sense to accept.—The American Medical Library has commenced the republication of Liston's Surgery, with various wood engravings. Green on Diseases of the Skin, also extremely valuable, was completed in No. 7, Vol. 2d.—Deaths in New York, week before last, were 229, 111 more than the week previous. Of these, *seventy-one* were caused by the extreme heat, apoplexy, congestion of the brain, &c.—The deaths in Philadelphia, in the course of the same week, amounted to the startling number of *two hundred and thirty-one!* The diseases most fatal were the following:—Summer complaint, 57; excessive heat, 17; dropsy of the head, 12; apoplexy, 11; dysentery, 10; diarrhœa, 10; debility, 9; convulsions, 9. There were *one hundred and twenty-five* children under two years of age, included in the sum total.—Part V. of Dr. Copland's Medical Dictionary was advertised to be published in London on the 9th of June.

Whole number of deaths in Boston for the week ending July 21, 30. Males, 18—females, 12.

Consumption, 5—child-bed, 1—inflammation, 1—typhous fever, 2—liver complaint, 1—diarrhœa, 1—delirium tremens, 1—convulsions, 1—inflammation of the bowels, 2—bowel complaint, 1—inflammation of the brain, 2—disease of the brain, 1—scarlet fever, 1—canker, 1—inflammation of the lungs, 1—drowned, 1—dropsy in the head, 1—marasmus, 1—cholera infantum, 1—cholera morbus, 1—poison, 1—stillborn, 6.

MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness, and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of Practical Anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

July 25—eoptN—emtJy

BERKSHIRE MEDICAL INSTITUTION.

The annual Course of Lectures for 1838, in this Institution, will commence on the 22d of August (the last Thursday but one in the month) and continue thirteen weeks.

The pre-requisites for admission to an examination for the Degree of Doctor of Medicine are, three full years' study under a regular practitioner of medicine; attendance on two full courses of medical lectures, one of which must have been at this school; a defensible thesis on some subject connected with medical Science; an adequate knowledge of the Latin language, and a good moral character. Gentlemen who intend to present themselves as candidates for a Degree are particularly requested to procure full and formal certificates of time.

By legalizing the study of Anatomy, the Legislature of Massachusetts has furnished its Schools with superior advantages for Practical Anatomy. It has also, by this provision, most effectually guarded the sepulchres of the dead from all violation.

Theory and Practice of Medicine, by	Henry H. Childs, M.D.
Botany, Chemistry and Natural Philosophy, by	Chester Dewey, M.D.
Principles and Practice of Surgery, by	Willard Parker, M.D.
Materia Medica and Pathological Anatomy, by	Elisha Bartlett, M.D.
Obstetrics, by	David Palmer, M.D.
Anatomy and Physiology, by	Robert Watts, Jr., M.D.
Legal Medicine, by	Henry Hubbard, Esq.

Fee for the Course of Lectures, $50. Fee for those who have already attended two full courses at an incorporated medical school, $10. Graduation fee, $18. Fellows of the Massachusetts Medical Society, and others who have received the Degree of Doctor of Medicine, are admitted gratuitously to the lectures.

R. WATTS, JR., *Dean of the Faculty.*

Pittsfield, Mass., 20th June, 1838. tAug23

FALLING OF THE WOMB CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri, or Falling of the Womb*, and other diseases depending upon a relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "*dragging and bearing down*" sensations which accompany nearly all cases of visceral displacements of the abdomen, and its skilful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last three years nearly 1500 of the *Utero-Abdominal Supporters* have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the physician will induce him to discard the disgusting Pessary hitherto in use. It is gratifying to state that it has met the decided approbation of Sir Astley Cooper, of London, Edward Delafield M.D., Professor of Midwifery, University of the State of New York, of Professors of Midwifery in the different Medical Schools of the United States, and every other Physician or Surgeon who has had a practical knowledge of its qualities, as well as every patient who has worn it.

The public and medical profession are cautioned against impositions in this instrument, as well as in Trusses vended as mine, which are unsafe and vicious imitations. The genuine Trusses bear my signature in writing on the label, and the Supporter has its title embossed upon its envelope.

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The Subscribers having been appointed Agents for the sale of the above instruments, all orders addressed to them will be promptly attended to.

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Jan. 3. lyreop

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